

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
2003-011

2. STATE
MS

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 30, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 431.53

7. FEDERAL BUDGET IMPACT:
a. FFY **2004** \$ **-120,979.75**
b. FFY **2005** \$ **-234,481.49**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 24
Attachment 3.1-A, Exhibit 24a
Attachment 3.1-D
Attachment 4.19-B, Page 24a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Page 24
Attachment 3.1-A, Exhibit 24a
Attachment 3.1-D
Attachment 4.19-B, Page 24

10. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed to allow the Division of Medicaid to revise the provision for non-emergency transportation and to explain the reimbursement for these services. We are also requesting that Attachment 3.1-A, Exhibit 18a be deleted from the State Plan because the information contained in this Exhibit is the same as that contained in Exhibit 24a.

11. GOVERNOR'S REVIEW (*Check One*):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Rica Lewis-Payton**

14. TITLE: **Executive Director**

15. DATE SUBMITTED: **December 2, 2003**

16. RETURN TO:

Rica Lewis-Payton, Executive Director
Miss. Division of Medicaid
Attn: Rose Compere
239 North Lamar Street, Suite 801
Jackson, MS 39201-1399

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 5, 2003

18. DATE APPROVED:
January 13, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 30, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Hugh Webster

22. TITLE: **Acting Associate Regional Administrator**
Division of Medicaid & Children's Health

23. REMARKS:

Revision: HCFA-PM-93-4 (BPD)
December 1993

State/Territory: Mississippi

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in Attachments 3.1-D and 3.1-A, Exhibit 24a

42 CFR 483.10 (c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

TN No. <u>2003-011</u>	Date Received <u>12/05/03</u>
Supersedes	Date Approved <u>01/13/04</u>
TN No. <u>95-10</u>	Date Effective <u>10/30/03</u>

STATE MississippiDESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

24a. Transportation - The State Agency will assure necessary transportation of recipients to and from providers of services through the following methods:

Ambulance Services – An emergency is defined as any ambulance service determined to be medically necessary as certified by a physician, law enforcement officer at the scene of the accident, or registered emergency medical technician. Ambulance services are further limited to trips to or from a hospital or nursing home.

Non-emergency Transportation - Necessary non-emergency transportation (NET) for eligible Medicaid recipients is arranged and coordinated through the Division of Medicaid. Services are furnished through contracts between the Division of Medicaid and qualified providers. NET providers can be public or private entities or individual providers, volunteers. NET services are available to beneficiaries who have no other means of accessing Medicaid funded medical services.

TN # 2003 - 011
Superseded TN # 90 - 23

Date Effective 10/30/03
Date Approved 01/13/04
Date Received 12/05/03

STATE MississippiMETHODS OF PROVIDING TRANSPORTATION

24a. Transportation - The State Agency will assure necessary transportation of recipients to and from providers of services through the following methods:

Ambulance Services – An emergency is defined as any ambulance service determined to be medically necessary as certified by a physician, law enforcement officer at the scene of the accident, or registered emergency medical technician. Ambulance services are further limited to trips to or from a hospital or nursing home.

Non-emergency Transportation - Necessary non-emergency transportation (NET) for eligible Medicaid recipients is arranged and coordinated through the Division of Medicaid. Services are furnished through contracts between the Division of Medicaid and qualified providers. NET providers can be public or private entities or individual providers, volunteers. NET services are available to beneficiaries who have no other means of accessing Medicaid funded medical services.

TN # 2003 - 011
Superseded TN # 86 - 7

Date Effective 10/30/03
Date Approved 01/13/04
Date Received 12/05/03

STATE Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

24a. Transportation – The State Agency will assure necessary transportation of recipients to and from providers of services through the following methods:

Ambulance Services – The reimbursement methodology for ambulance services is a statewide fee schedule. Payment is made from a statewide uniform fee schedule based on 70 percent of the rate established under Medicare (Title XVIII of the Social Security Act), as amended.

Transportation for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in the Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of the ambulance section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

Non-emergency Transportation Services – Costs for non-emergency transportation services are reimbursed per the 1915(b)(4) Initial Selective Contracting Waiver for the NET program, entitled “the Mississippi Medicaid Non-emergency Transportation (NET) Waiver.”

The state is divided into NET service regions. Each region is served by a primary group provider. Group providers are for-profit and not-for-profit, public or private entities that are selected through a competitive bid process. The Division of Medicaid issues a Request for Bids (RFB) through which qualified bidders submit bids to provide NET assistance in the NET service regions. The successful bidder (primary provider) is selected for each region by the Division of Medicaid through a bid evaluation process that is published as part of the RFB. Bidders include in their price components a flat rate per one-way transport. The Division of Medicaid pays the successful bidder in each region the rate included in the winning bid for that region. This rate is paid per one-way transport, regardless of the length of the transport or the type of vehicle required (ambulatory or lift), and regardless of the number of transports. The Division of Medicaid may utilize an alternate group provider on a temporary basis when the primary provider cannot provide a requested service (for example, when a beneficiary requires a lift vehicle and the primary provider is operating all lift vehicles at capacity).

When the Division of Medicaid utilizes individual providers, these providers are paid by the mile. The rate paid is equal to the rate per mile paid to state employees who travel by personal vehicle while conducting business for the state.

TN# 2003 - 011
Supercedes
TN# 2002-06

Date Effective 10/30/03
Date Approved 01/13/04
Date Received 12/05/03